| | | Applicant(s) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------|
| Intoncious Commune | 09/535,790 | 0'5 | HEA ET I | gL. |
| Interview Summary | Examiner | | Group Art Unit | Γ |
| | JOHN YOUR |)6 | 3622 | |
| All participants (applicant, applicant's representative, PTO | personnel): | | | |
| (1) ERIC STAMBER (SPE) | (3) | | | |
| 12) MIKE DOWNS (APPLICANT'S REP.) | | | | |
| Date of Interview 3/16/05 : | | | | |
| Type: Telephonic Personal (copy is given to | applicant 🗌 appl | icant's repi | resentative). | ٠ |
| Exhibit shown or demonstration conducted: | No. If yes, brief des | scription: | | |
| | | | | |
| Agreement was reached. was not reached. | | | | |
| Claim(s) discussed: N/A | | | | |
| Identification of prior art discussed: | | | | |
| SHOULDN'T HAVE RECEIVED SUB APPLICANTS 3/15/05 FAX SUB THE RESPONSE TO THE NON-F APPLICATION WILL BE FORWAR | THE NON-R 11105, HE W 04 WAS COMP CHA NOTICE MUSSION WIL | ESPONS VAS INF CLIANT FROM L BE NOTICE | INE/NON-CO FORMED THAT AND THAT THE OFF TREATED AND THE | OMPLIANT HAT THE ICE, AS |
| (A fuller description, if necessary, and a copy of the amend the claims allowable must be attached. Also, where no cop is available, a summary thereof must be attached.) | by of the amendents v | which woul | d render the clai | vould render ims allowable |
| 1. 🛛 It is not necessary for applicant to provide a separa | • | | | |
| Unless the paragraph above has been checked to indicate to LAST OFFICE ACTION IS NOT WAIVED AND MUST INCLU Section 713.04). If a response to the last Office action has FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF | DE THE SUBSTANCE already been filed, A | OF THE IN | ITERVIEW. (See | MPEP |
| Since the Examiner's interview summary above (inclined each of the objections, rejections and requirements claims are now allowable, this completed form is confice action. Applicant is not relieved from providing also checked. | that may be present ensidered to fulfill the | in the last (response r | Office action, an equirements of t | of since the the last |
| | | Evi | ERIC W. ST UPERVISORY PAT | AMBER FNT EXAMINER |
| Examiner Note: You must sign and stamp this form unless it is an att | achment to a signed Offi | | TECHNOLOGY C | ENTER 3600 |

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ART UNIT ' 3622

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FACSIMILE TRANSMISSION COVER SHEET

| Date: 3/17/05 RE APPLICATION 09/535,790 |
|-----------------------------------------------------------------------------------------------|
| TO: |
| Name: MIKE DOWNS |
| Company: WALKER DIGITAL. |
| Fax No:203 - 461 - 7300 |
| FROM: Name: ERIC STAMBER |
| Telephone: 703 - 305 - 8469 |
| Telephone: |
| Number of Pages 2 (including this sheet) |
| IF YOU HAVE NOT RECEIVED ALL PAGES OF THIS TRANSMISSION OR IF ANY OF THE PAGES ARE ILLEGIBLE, |
| PLEASE CONTACT: Eric Stamber 703-305-8469 |